

Spill Summary Report for NRC Report #810699

Report Date: 3/6/2019

Report Time: 4:04 PM EST

Region IV Hotline Log Entry Information

Data ID: 274266

Date Of Report: 08-SEP-06

NRC #: 810699

State #: 41650

ERNS #:

Material Type: Haz

Receiver:

Material / Amount:

PHOSPHORIC ACID (500 GALLON(S))

Location:

City: WAYCROSS

County: WARE

State: GA

Source of Pollution:

Water Body:

State Or EPA Responded:

amenden to 12000 Gallons

Initial EPA Action:

OSC Dorian Sent

Status:

URL:

NRC Spill Report

NATIONAL RESPONSE CENTER 1-800-424-8802

GOVERNMENT USE ONLYGOVERNMENT USE ONLY***

Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 810699

INCIDENT DESCRIPTION

*Report taken by: CIV MAURICIA JONES at 08:26 on 08-SEP-06

Incident Type: RAILROAD

Incident Cause: DERAILMENT

Affected Area:

The incident occurred on 08-SEP-06 at 07:50 local time.

Affected Medium: LAND GROUND

REPORTING PARTY

Name: EDWARD COOK

Organization: CSX RAILROAD

Address: 500 WATER STREET

JACKSONVILLE, FL 32202

CSX RAILROAD called for the responsible party.

CELLULAR Phone: (904)6072099 ALTERNATE Phone: (904)3812212

INCIDENT LOCATION

County: WARE

City: WAYCROSS State: GA Latitude: 31 Degrees 11' 47" N

Longitude: 82 Degrees 22' 19" W

1100 WEST HAMILTON AVE.

RELEASED MATERIAL(S)

CHRIS Code: PAC Official Material Name: PHOSPHORIC ACID

Also Known As:

Qty Released: 500 GALLON(S)

DESCRIPTION OF INCIDENT

THE CALLER STATED THAT A TANK CAR DERAILED IN A YARD AND IS LEAKING MATERIAL FROM IT.

INCIDENT DETAILS

Grade Crossing: NO
 Location Subdivision:
 Railroad Milepost:
 Type of Vehicle Involved:
 Crossing Device Type:
 Device Operational: YES
 DOT Crossing Number:
 Date and Time Service was/will be Restored:
 Brake Failure: NO
 Federal Post-Accident 219.201 Sub Part C Testing Required: NO
 Passenger Train Route: UNK
 Passenger Train Delay Expected: UNK
 Passenger Train Delay Handling:
 ---RAILROAD INFORMATION---
 Railroad Involved: CSX RAILROAD
 Train Number: TGAX131311
 Train Type: RAIL CAR Train Direction:
 Train Speed: Track Speed:
 Locomotives: Cars: Derailed:
 Suspected DOT Regulation Non Compliance: NO

DERAILED CARS:

Pos.	Carnumber	Type	Cargo
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REPORTING PARTY

Type of Organization: PRIVATE ENTERPRISE

SUSPECTED RESPONSIBLE PARTY

Name: EDWARD COOK
 Organization: CSX RAILROAD
 Address: 500 WATER STREET
 JACKSONVILLE, FL 32202
 CELLULAR Phone: (904) 6072099 ALTERNATE Phone: (904) 3812212
 Type of Organization: PRIVATE ENTERPRISE

IMPACT

Fire Involved: NO	Fire Extinguished: UNKNOWN		
INJURIES: NO	Hospitalized:	Empl/Crew:	Passenger:
FATALITIES: NO	Empl/Crew:	Passenger:	Occupant:
EVACUATIONS: NO	Who Evacuated:	Radius/Area:	
Damages: NO			

<u>Closure Type</u>	<u>Description of Closure</u>	<u>Hours Closed</u>	<u>Direction of Closure</u>
Air: N			
Road: N			Major Art N
Waterway: N			
Track: N			

Passengers Transferred: UNKNOWN
 Environmental Impact: UNKNOWN

Media Interest: NONE Community Impact due to Material: NO

REMEDIAL ACTIONS

RESPONSE CONTRACTOR EN ROUTE / FIRE DEPT NOTIFIED
 Release Secured: NO
 Release Rate:
 Estimated Release Duration:

WEATHER

Weather: PARTLY CLOUDY, ⬥F

ADDITIONAL AGENCIES NOTIFIED

Federal:

State/Local: GA DNR

State/Local On Scene:

State Agency Number: 41650

NOTIFICATIONS BY NRC

DOT CRISIS MANAGEMENT CENTER (PRIMARY)

08-SEP-06 08:29 (202)3661863

FEDERAL RAILROAD ADMIN. (PRIMARY)

(202)4936214 MR NAYLOR

U.S. EPA IV (PRIMARY)

(404)6504955 NO VERBAL

NATIONAL INFRASTRUCTURE COORD CTR (PRIMARY)

08-SEP-06 08:29 (202)2829201

NOAA RPTS FOR GA (PRIMARY)

08-SEP-06 08:29 (206)5266344

FL EMERGENCY RESPONSE COMMISSION (PRIMARY)

08-SEP-06 08:29 (850)4139911

GEORGIA EMERGENCY MNGMT AGENCY (PRIMARY)

08-SEP-06 08:29 (404)6357200

TSA MARITIME AND LAND (PRIMARY)

08-SEP-06 08:29 (703)5633236

ADDITIONAL INFORMATION

THE CALLER HAD NO ADDITIONAL INFORMATION

*** END INCIDENT REPORT # 810699 ***

Report any problems or Fax number changes by calling 1-800-424-8802

PLEASE VISIT OUR WEB SITE AT <http://www.nrc.uscg.mil>

**United States Environmental Protection Agency
Region IV
POLLUTION REPORT**

Date: Friday, September 15, 2006
From: David Dorian, On-Scene Coordinator
To: Matt Taylor, ERRB
Subject: Initial Final POLREP
CSX Acid Spill
1100 West Hamilton Ave, Waycross, GA
Latitude: 31.1958
Longitude: -82.3675

POLREP No.:	1	Site #:	
Reporting Period:	09/08/2006-09/09/2006	D.O. #:	
Start Date:	9/8/2006	Response Authority:	CERCLA
Mob Date:	9/8/2006	Response Type:	Emergency
Completion Date:	9/9/2006	NPL Status:	Non NPL
CERCLIS ID #:		Incident Category:	Removal Action
RCRIS ID #:		Contract #	

Site Description

Two railcars, one carrying phosphoric acid, derailed resulted in the release of approximately 12,000 gallons of phosphoric acid at the CSX Rice Rail yard in Waycross, GA, on Friday, September 8, 2006 at 7:35AM. During the derailment, the rail car with phosphoric acid turned over completely and the valve was sheared when it struck the rail on track B#21. Approximately 90% of the contents discharged onto the ballasts of B tracks #21-24, which drain to a storm water collection system. The second car in the derailment was carrying mineral clay, which dispersed across the ballasts. The cause of the derailment is still under investigation. OSC David Dorian was dispatched to oversee the Responsible Party (RP) response. GA EPD also responded.

Current Activities

The storm water collection system drains to an intermittent ditch on CSX property, approximately 200 yards west of the ballast. The ditch travels west beneath HWY 84 and connects to Kettle Creek. CSX responded by damming the ditch immediately after the release to prevent migration further west along the ditch and to the creek. Measurement of pH on both sides of the constructed earthen dam and in the creek indicated that the acid did not migrate past the bermed portion of the ditch. The pH in the ditch (on the south side of the berm) at the outfall of the drainage system measured pH 1.99; whereas, the pH on the protected part of the ditch near the connection to the creek measured pH 5.2, which is background for that area. Measurements in the creek itself were at also background.

CSX hired SWS/First Response as their environmental response contractor and Shaw as their technical consultant. CSX applied lime to the ballast and into the storm drain in an effort to buffer the pH when rain percolates through the ballast and into the storm water collection system.



11060163

CSX began pH adjustment of the liquid which accumulated in the ditch. They applied lime and mixed by circulating water with a pump. On Saturday morning the pH had increased to 3.5 but was not yet neutral. At 0938, CSX applied a high strength lime to the pond. SWS did not want to pump the contents of the ditch into a frac tank until the pH was neutral. Shaw continued to monitor the pH near the connection to the creek. By noon, the contents of the ditch were neutral pH, and SWS pumped the contents into a frac tank.

In the absence of rain, CSX commenced flushing the storm drain in the late and monitoring the pH at the outfall of the storm water collection system into the dammed ditch. CSX had plugged the storm water system with the application of solid lime in the manhole directly downstream of the spill. As this manhole was cleared, pure product flowed from the storm water drainage system into the ditch. The pH measured less than pH 1 at the drain and approximately 1.2 in the ditch. The pH initially rose to 2.15 with the lime already present in the ditch. SWS shored up the ditch and added additional lime. With time and the application of this additional lime, the pH began to rise.

Planned Removal Actions

The RP will pump all the neutralized liquid into frac tanks and ensure proper disposal.

Next Steps

At 1700 with storm water system drained, the spill contained in the ditch and pH adjustment under way, the situation had stabilized. GA EPD will continue as the lead agency and ensure all follow up measures are complete.

Estimated Costs *

	Budgeted	Total To Date	Remaining	% Remaining
Extramural Costs				
Intramural Costs				
Total Site Costs	\$0.00	\$0.00	\$0.00	0.00%

* The above accounting of expenditures is an estimate based on figures known to the OSC at the time this report was written. The OSC does not necessarily receive specific figures on final payments made to any contractor(s). Other financial data which the OSC must rely upon may not be entirely up-to-date. The cost accounting provided in this report does not necessarily represent an exact monetary figure which the government may include in any claim for cost recovery.

www.epaosc.org/CSXAcidSpill

B&V WASTE SCIENCE AND TECHNOLOGY CORP.

1117 Perimeter Center West, Suite W-212, Atlanta, Georgia 30338, (404) 392-9227, Fax: (404) 392-9289

AUG 12 1992

U.S. Environmental Protection Agency
Seaboard Coast Line RR Shops
W.A. No. 11

B&V Projects 52011/058
August 12, 1992

Ms. Janice Thomas, Site Assessment Manager
U.S. Environmental Protection Agency
Site Assessment Section
345 Courtland Street, N.E.
Atlanta, GA 30365

Subject: Cessation of Seaboard Coast Line
RR Shops Site Investigation

Ms. Thomas:

This letter is in response to your request made in our telephone conversation on August 12th, 1992. On August 12th, 1992, I telephoned Mr. Steve Woodall of the Georgia Environmental Protection Division, Hazardous Waste Branch, and requested the status of the site in question, Seaboard Coast Line RR Shops in Waycross, Ware County, Georgia. Mr. Woodall is familiar with the site under the name of the current owner, CSX Transportation. Mr. Woodall stated that the site is a fully permitted RCRA site undergoing corrective action for groundwater. Further, the site is under the full control of the Georgia EPD and closures have taken place.

Since the site is being handled fully by the authorities at Georgia EPD, it is my recommendation that no sampling or site investigation be performed on the Seaboard Coast Line RR Shops. If you have any questions or requests, please feel free to call.

Very truly yours,

B&V Waste Science and Technology

Brian C. Jones

Brian C. Jones
Project Engineer

cc: Hubert Weiland, BVWST



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by HQ)
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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME SEABOARD COASTLINE RR SNAPS		B. STREET (or other identifier) HAINES ST. EXTENSION	
C. CITY WAYCROSS	D. STATE GA	E. ZIP CODE 31501	F. COUNTY NAME WALZE
G. OWNER/OPERATOR (if known) 1. NAME HARRISON, WILLIAM ENG. ENV.		2. TELEPHONE NUMBER 904 359 1986	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION 1963-70 LANDFILL			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) 103 C NOTIFICATION			K. DATE IDENTIFIED (mo., day, & yr.) 6-8-81
L. PRINCIPAL STATE CONTACT 1. NAME MOSES N. MCCALL III		2. TELEPHONE NUMBER 404 656-2833	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: 1983 b. WILL BE PERFORMED BY: EPD <input type="checkbox"/> 3. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME JIM USSEY		2. TELEPHONE NUMBER 404 656-2833	3. DATE (mo., day, & yr.) 9-14-82
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) UNKNOWN	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☒ 10. OTHER (specify): NONE

B. IN COMPLIANCE?

- ☐ 1. YES ☒ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1 UNKNOWN ☐ 2 LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

SLUDGE FROM LUBE OIL REFINING

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

	A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
A	1. NO HAZARD				
B	2. HUMAN HEALTH				
C	3. NON-WORKER INJURY/EXPOSURE				
D	4. WORKER INJURY				
E	5. CONTAMINATION OF WATER SUPPLY				
F	6. CONTAMINATION OF FOOD CHAIN				
G	7. CONTAMINATION OF GROUND WATER				
H	8. CONTAMINATION OF SURFACE WATER	X			
I	9. DAMAGE TO FLORA/FAUNA				
J	10. FISH KILL				
K	11. CONTAMINATION OF AIR				
L	12. NOTICEABLE ODORS				
M	13. CONTAMINATION OF SOIL	X			
N	14. PROPERTY DAMAGE				
O	15. FIRE OR EXPLOSION				
P	16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
Q	17. SEWER, STORM DRAIN PROBLEMS				
R	18. EROSION PROBLEMS				
S	19. INADEQUATE SECURITY				
T	20. INCOMPATIBLE WASTES				
U	21. MIDNIGHT DUMPING				
Y	22. OTHER (specify):				



This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810608

GAS 000 001 023

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name SEABOARD COAST LINE R.R. CO.
Street 500 WATER ST.
City JACKSONVILLE State FL Zip Code 32202

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site SCL R.R. SHOPS
Street HAINES STREET EXTENSION
City WAYCROSS County WARE State GA Zip Code 31501

GAT 150 010726

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) HARRISON, WILLIAM; ENGR.-ENV'L.
Phone (904) 359-1986

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1963 To (Year) 1970

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☒ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

1. ☐ Mining
2. ☒ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☒ Other (Specify)

SLUDGE FROM
LUBE OIL RE-
REFINING.

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

[illegible]

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amountcubic feet 144,000 C

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

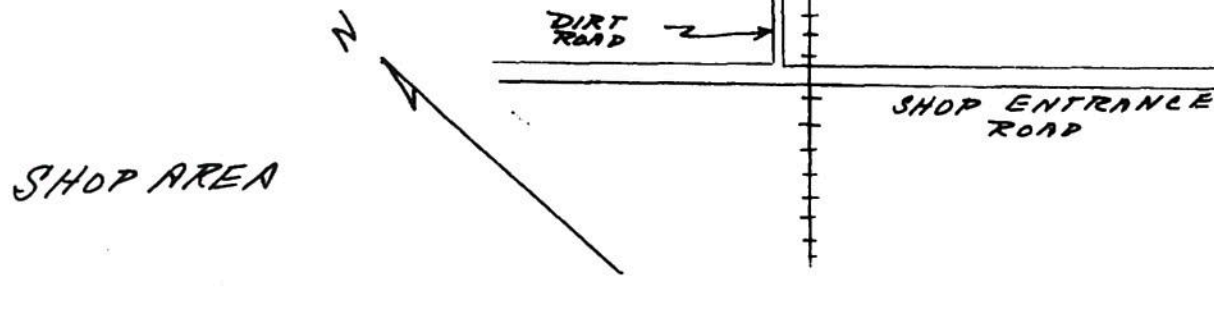
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

THIS SITE IS THE LOCATION OF SLUDGE FROM THE DISCONTINUED ENGINE LUBRICATING OIL REFINING OPERATION. THE SLUDGE WAS HAULED FROM THE W-X SHOP REFINOIL PLANT TO THE DISPOSAL SITE IN OPEN TOP CONTAINERS AND DUMPED INTO THE SHALLOW PITS. SLUDGE CONSISTENCY IS VISCIOUS TO SEMI-SOLID. THIS IS A HAZARDOUS WASTE BY VIRTUE OF THE LOW PH.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name

W. M. HARRISON
W. M. Harrison

Street

500 Water St.

City

Jacksonville

State

FL

Zip Code

32202

Signature

W. M. Harrison

Date

6/8/81

☒ Owner, Present

☐ Owner, Past

☐ Transporter

☐ Operator, Present

☐ Operator, Past

☐ Other

REGION: 04
STATE: GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 47
RUN DATE: 04/28/87
RUN TIME: 12:38:45

M.2 - SITE MAINTENANCE FORM

* ACTION: -

EPA ID : GAD991275900

SITE NAME: SEABOARD COAST LINE RR SHOPS

SOURCE: N

STREET : HAINES AVE EXTN

CONG DIST: 08

CITY : WAYCROSS

ZIP: 31501

CNTY NAME: WARE

CNTY CODE : 299

LATITUDE : 31/12/54.0

LONGITUDE : 082/21/12.0

LL-SOURCE: R

LL-ACCURACY:

SMSA :

HYDRO UNIT: 03070201

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N

NPL IND: N NPL LISTING DATE:

NPL IND: N NPL LISTING DATE:

NPL DELISTING DATE:

SITE/SPILL IDS:

RPM NAME: UNASSIGNED

RPM PHONE: 404-347-2234

SITE CLASSIFICATION:

SITE APPROACH:

DIOXIN TIER:

REG FLD1:

REG FLD2:

RESP TERM: PENDING () NO FURTHER ACTION ()

* PENDING ()

NO FURTHER ACTION ()

ENF DISP: NO VIABLE RESP PARTY ()
ENFORCED RESPONSE ()

VOLUNTARY RESPONSE ()
COST RECOVERY ()

SITE DESCRIPTION:

* _____
* _____
* _____
* _____
* _____

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - PROGRAM MAINTENANCE FORM

*** ACTION:** -

EPA ID: GAD991275900 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM NAME:

DESCRIPTION:

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U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - EVENT MAINTENANCE FORM

EPA ID: GAD991275900 PROGRAM CODE: H01

EVENT TYPE: DSI

FMS CODE:	EVENT QUALIFIER
0000	0000
0001	0001
0002	0002
0003	0003
0004	0004
0005	0005
0006	0006
0007	0007
0008	0008
0009	0009
0010	0010
0011	0011
0012	0012
0013	0013
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0070	0070
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0080	0080
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0085	0085
0086	0086
0087	0087
0088	0088
0089	0089
0090	0090
0091	0091
0092	0092
0093	0093
0094	0094
0095	0095
0096	0096
0097	0097
0098	0098
0099	0099

EVENT LEAD: E

EVENT NAME: DISCOVERY

STATUS:

DESCRIPTION:

* ACTION:

ORIGINAL

CURRENT

ACTUAL

START:

START:

START:

COMP :

COMP :

COMP : 06/01/81

HQ COMMENT:

RG COMMENT:

COOP AGR #

AMENDMENT #

STATUS

STATE %

①

PAGE: 49
RUN DATE: 04/28/87
RUN TIME: 12:38:45

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 50
RUN DATE: 04/28/87
RUN TIME: 12:38:45

M.2 - EVENT MAINTENANCE FORM

SITE: SEABOARD COAST LINE RR SHOPS
PROGRAM: SITE EVALUATION

EPA ID: GAD991275900 PROGRAM CODE: H01

EVENT TYPE: PA1

FMS CODE:

EVENT QUALIFIER :

EVENT LEAD:

EVENT NAME:

PRELIMINARY ASSESSMENT

STATUS:

DESCRIPTION:

* ACTION: -

ORIGINAL

START:

COMP :

HQ COMMENT:

RG COMMENT:

CURRENT

START:

COMP :

ACTUAL

START: 09/01/82

COMP : 09/01/82

COOP AGR #

AMENDMENT #

STATUS

STATE #

0

M.2 - COMMENT		MAINTENANCE		FORM	

SITE: SEABOARD COAST LINE RR SHOPS

EPA ID: GAD991275900

COM NO	COMMENT

001 THIS SITE IS THE LOCATION OF SLUDGE
FROM THE DISCONTINUED ENGINE

002 LUBRICATING OIL REFINING OPERATION.
THE SLUDGE WAS HAULED FROM THE

003 W-X SHOP REFINOIL PLANT TO THE DISP
OSAL SITE IN OPEN TOP CONTAINERS

0004 AND DUMPED INTO THE SHALLOW PITS. S
LUDGE CONSISTENCY IS VISOUS TO

0005 SEMI-SOLID. THIS IS A HAZARDOUS WAS
TE BY VIRTUE OF THE LOW PH.

006 FROM 1963 TO 1970.

0007 CONTACT: HARRISON, WILLIAM, ENV'L E
NGR. (904) 359-1986

ACTION

1

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GG

5

3

AT

7

100

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CO

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